

Graduate Teaching Assistant Time-Off Approval Form (Department of Chemistry)

This form should be used by any graduate student with a Graduate Teaching Assistantship appointment who needs to request time off from their teaching duties where these TA working days fall between the first day of Fall Term and April 30 of the following year (excluding statutory holidays and other University closure days). This form need not be used for time off due to illness or emergency travel.

Unauthorized exchange of TA duties or absence (other than illness, emergency travel, etc) during the Fall and Winter academic terms can be grounds for receiving a reduced teaching evaluation rating.

Submit the completed form with signatures from the student and lab supervisor to the Graduate Program Administrator (W4-39A) no later than 2 weeks before the first day away.

Further information can be found in the Graduate Student Assistantship Collective Agreement. Article 14: Vacation on the GSA website:

<https://www.ualberta.ca/graduate-students-association/collective-agreement/assistanshipt-collective-agreement.html>

Article 14: VACATION.

- 14.01 Graduate Assistants are entitled to one week of vacation leave without a reduction in pay for each four month University Term (i.e. September 1 to December 31, January 1 to April 30, May 1 to August 31).
- 14.02 Vacation must be approved in advance by the Graduate Assistantship Supervisor and Department Chair (or designate) and must be arranged so as not to adversely affect the duties of the Graduate Assistant.
- 14.03 Graduate Assistants may not carry forward unused vacation time from one four-month University term to another, without the advance written consent of the Appointing Officer, the Graduate Supervisor and all relevant Graduate Assistantship Supervisors. In some cases, vacation carry forward may not be allowed based on the funding source.
- 14.04 Vacation entitlement is in addition to days when the University is closed.
- 14.05 There is no vacation pay on contract expiry or termination in lieu of vacation time not taken.

Time Off Request

First Date Away: _____

Date of Return: _____

Purpose (circle): Conference Personal Leave Family Reasons Vacation

A plan for a substitute during my absence has been approved by the Laboratory Coordinator Yes / No

Student Name (print)

Signature

Date

Lab Coordinator (print)

Signature

Date

Department Approval

Assoc. Chair - Grad Studies (print)

Signature

Date